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APPLN. TYPE

7590

11/10/2004

FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA

NEW YORK, NY 10112

01/28/2005 EAREGAY2 00000001 09833766

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 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 09/833,766
 04/13/2001
 Keiji Emoto
 862,C2199
 4154

TITLE OF INVENTION: PIPE STRUCTURE, ALIGNMENT APPARATUS, ELECTRON BEAM LITHOGRAPHY APPARATUS, EXPOSURE APPARATUS, EXPOSURE APPARATUS MAINTENANCE METHOD, SEMICONDUCTOR DEVICE MANUFACTURING METHOD, AND SEMICONDUCTOR MANUFACTURING FACTORY

PUBLICATION FEE

ISSUE FEE

nonprovisional NO	- ६१३७० अ । 40	\$300	\$1670- \$1700	02/10/2005	
EXAMINER	ART UNIT	CLASS-SUBCLASS	\$1700	•	
RODRIGUEZ, PAUL L	2125	700-121000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		1 FITZPATRICK, CELLA, 2 HARPER & SCINIO 3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is a	see data will appear on the patent. If an assignee is identified below, the document has been filed for NOT a substitute for filing an assignment.		
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)		
CANON KABUSHIKI KAISHA	Tokyo, JAPAN		
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🖼 Corporation or other private group entity 🚨 Government		
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Issue Fee	A check in the amount of the fee(s) is enclosed.		
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Advance Order - # of Copies <u>five</u> (5)	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).		
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Typed or printed name Steven E. Warner	Registration No. 33, 326		

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